Addendum 36 to DOH Claims & Adjudication Rules

Version

V2012

Including the Mandatory Tariff Pricelist Application Rules.

Department of Health

1. Purpose of this Document.

This document is to introduce the service codes for Value Based Bundle for Bone Marrow Transplant.

2. Rule effective Date:

01 June 2022

3. SERVICE Codes

Code	Code Short Description	Code Long Description
22-01	Bundled reimbursement for Bone Marrow Pre-transplantation work-up (Autologous)	The bundle reimbursement for Bone Marrow pre-transplantation work-up includes all procedures necessary for the pre-transplant work-up, extensive examination, Laboratory testing, Radiological and imaging analysis, Multidisciplinary team consultation. Excluded Services from this bundle payment are: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization. • Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-02	Bundled reimbursement for Bone Marrow Preparation (Autologous)	The bundle reimbursement for Bone Marrow preparation includes all procedures necessary for the preparation, Evaluation and Management, laboratory testing and radiological analysis, Mobilization and Apheresis procedures and patient specific conditioning protocol. Excluded Activities:

		• Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization. • Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-03	Bundled reimbursement for Bone Marrow Transplantation (Autologous)	The bundle reimbursement for Bone Marrow transplantation includes all inpatient procedures necessary for the Bone Marrow Transplantation to the day of discharge. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization. • Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-04	Bundled reimbursement for Bone Marrow Post-transplantation follow-up (Autologous)	The bundle reimbursement for Bone Marrow post-transplant follow-up includes all procedures necessary for the Post-transplant follow-up (Per month from discharge date and up to four months), Evaluation and Management, laboratory testing and radiological analysis, medication up to 7 days, vaccination cost and cryopreservation for 6 months. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization.

		• Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-05	Bundled reimbursement for Bone Marrow Pre-transplantation work-up (Allogenic)	The bundle reimbursement for Bone Marrow Pre-transplant work-up includes all procedures necessary for the pre-transplant work-up (Donor and recipient), extensive examination prior to transplantation, laboratory testing, radiological analysis, and multidisciplinary team consultation. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization. • Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-06	Bundled reimbursement for Bone Marrow Preparation (Allogenic)	The bundle reimbursement for Bone Marrow preparation includes all procedures necessary for the preparation, Evaluation and Management, laboratory testing and radiological analysis, Mobilization and Apheresis procedures and patient specific conditioning protocol. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization.

		• Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-07	Bundled reimbursement for Bone Marrow Transplantation (Allogenic)	The bundle reimbursement for Bone Marrow transplantation includes all inpatient procedures necessary for the Bone Marrow Transplantation to the day of discharge. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization. • Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.
22-08	Bundled reimbursement for Bone Marrow Post-transplantation follow-up (Allogenic)	The bundle reimbursement for Bone Marrow post-transplant includes all procedures necessary for the Post-transplant follow-up (Per month from discharge date and up to four months from discharge date), Evaluation and Management, laboratory testing and radiological analysis, discharge medication up to 7 days, vaccination cost and cryopreservation for 6 months. Excluded Activities: • Medications plerixafor and defibrotide, or an equivalent, will be reimbursed in accordance with FDA label indication and require prior authorization

		• Any additional cost pertaining to complications (excluding Potentially Preventable Complications of BMT transplant procedure). • List of CPT codes, see appendix 1, will be reimbursed outside the bundle based on medical necessity.

4. Claims and Adjudication Rules

4.1. The service codes for Bundle codes 22-01, 22-04, 22-05 and 22-08 are reported with Encounter type = 1 , Bundle codes 22-02, 22-03, 22-06 and 22-07 are reported with Encounter type = 3

4.2. Pre-authorization – Required for all service codes and excluded medication mentioned within this adjudication at the start of the treatment.

4.3. Providers shall only claim the rate set for the respective service code and any excluded services. For the services that are included in the service code providers are required to report the proper codes as activity line but keep charges at a value of zero as a prerequisite for reimbursement.

4.4. Missing services/benefits – Reporting activity items included in each bundle is a prerequisite for payment. The claim has to be submitted after completing the bundle to allow reporting of all expected and performed services.

Appendix 1:

A. CPT codes for Advanced Lab Tests/Services:

Advanced Lab Tests/Services	Code	Description
FLOW CYTOMETRY IMMUNOPROFILE	88182	Flow cytometry, cell cycle or DNA analysis
	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
	88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
	88187	Flow cytometry, interpretation; 2 to 8 markers
	88188	Flow cytometry, interpretation; 9 to 15 markers
	88189	Flow cytometry, interpretation; 16 or more markers
DURACLONE T REG	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
	88185 x7	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
	88187	Flow cytometry, interpretation; 2 to 8 markers
MAXPAR DIRECT IMMUNO PROFILING ASSAY	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
	88185 x29	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
	88189	Flow cytometry, interpretation; 16 or more markers
MINIMAL RESIDUAL DESEASE	Code will depend on target gene and methodology used.	
STEM CELL KIT	86367	Stem cells (ie, CD34), total count

TCR ALFA/BETA	86356 x2	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen
CD 19 SELECTION	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);
	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required
CD 34+ SELECTION	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);
	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required
BUSULFAN TEST	80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
CHIMERISM	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type

B. Paediatric BMT Services and codes:

Service Name	Code	Description
Whole Genome Sequencing for Recipient	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Whole Genome Sequencing for Donor	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Tests for donor-recipient compatibility apart from HLA	86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I

Panel-Reactive Antibodies (PRA)	86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II
Tests for donor-recipient compatibility apart from HLA Donor-Specific Antibodies (DSA)	86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I
	86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II
MRI T2* for Liver and Heart in patients with iron overload	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
RBC Genotyping in selected patients	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron

		1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg,

		progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)
Caregiver's Stay	Service Code 26	Perdiem - Companion Accommodation Daily Rate. Per day room and board charges in hospital / treating facility for (1) a person accompanying a registered inpatient insured, of any age that is critically ill, or (2) parent accompanying a child under 10 years of age.